HOME HEALTH

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MEDICARE AND HOME HEALTH CARE

Among the many benefits offered by Medicare is coverage for home health care.

If you need skilled medical services in your home for the treatment of an illness or injury, Medicare will pay for your care for as long as you meet the requirements to qualify for coverage.

The services of skilled nurses, home health aides and different types of therapists are fully paid by Medicare as are the costs of certain medical supplies. And if you need durable medical equipment such as wheelchairs, walkers or oxygen equipment, Medicare pays a large portion of the bill.

Qualifying For Care At Home

To qualify for Medicare home health coverage, you must meet all four of the following conditions:

1. Your doctor must have determined that you need medical care in your home, and the doctor must prepare a plan for your care at home.
2. The care you need must include intermittent (not full-time) skilled nursing care, or physical therapy or speech language pathology services.
3. You must be homebound. Your home can be a house or apartment, a relative's home or even a home for the aged. But a hospital or other facility that mainly provides skilled nursing or rehabilitation services does not qualify as a home. You may be considered homebound if you leave home only with considerable and taxing effort. Absences

from home must be infrequent, or of short duration, or to get medical care. You can still be considered homebound if you occasionally go to the barber or beauty shop or for a short walk or drive.

4. The home health agency serving you must be approved by Medicare.

What's Covered?

If you meet all four of the conditions to qualify for home health care, Medicare will pay for:

- **Skilled nursing care** either on an intermittent or part-time basis, not full-time. Skilled nursing includes services such as wound care, giving injections and other care that can not be performed safely and effectively by a nonmedical person.
- **Home health aide services** either on an intermittent or part-time basis, not full-time. These services include assistance with personal care such as bathing, using the toilet, and dressing.
- **Physical therapy** as often and for as long as it is medically necessary and reasonable. Physical therapy includes exercise to restore movement and strength to an injured arm or leg, and training in getting into and out of a wheelchair or bathtub.
- **Speech language pathology** as often and for as long as it is medically necessary and reasonable. This type of therapy includes exercises to restore speech.
- **Occupational therapy** as often and for as long as it is medically necessary and reasonable, even if you no longer need other skilled care. Occupational therapy

helps you to achieve independence in daily living by learning new techniques for eating, dressing and performing other routine tasks.

- **Medical social services** to assess the social and emotional factors related to your illness, counseling based on this assessment, and searches for available community resources.
- **Medical supplies** like wound dressings
- **Medical equipment** like wheelchairs, walkers, and oxygen equipment. Medicare pays 80 percent of the approved amount for the equipment. You are responsible for the remaining 20 percent. Some home health agencies do not provide medical equipment directly, but can arrange for a home equipment supplier to provide the needed items.

What's Not Covered?

Medicare does **not** cover the following:

- 24-hour care at home.
- Prescription drugs.
- Meals delivered to the home.
- Homemaker services such as shopping, cleaning and laundry, except that home health aides may do a small amount of these chores when they are providing covered services.
- Personal care provided by home health aides, such as bathing, toileting, or providing help in getting dressed, if this is the only care you need. This type of care is called "custodial" care. Medicare does not pay for custodial care unless you are also getting skilled care such as nursing or therapy and the custo-

dial care is related to the treatment of your illness or injury.

What Is A Plan Of Care?

With the help of a home health care nurse, your doctor will map out a plan for your care at home. Together they will decide what kind of services you need, how often you need them, and by what kind of health care professional (nurse, therapist, etc.) Be sure the doctor knows your personal preferences so that you can be as comfortable as possible with the services you get.

Your plan will include such things as the kind of home medical equipment you need, the results the doctor expects from your therapy, and what kind of foods you need.

The home health agency staff provide care according to your authorized plan of care. Your doctor and home health agency personnel review your plan of care as often as the severity of your condition requires, but at least once every 62 days.

Home health agency professional staff are required to notify the doctor promptly of any changes that suggest a need to modify your plan of care.

How Long Will Services Continue?

Generally speaking, Medicare will pay for covered home health services for as long as they are considered medically reasonable and necessary.

There are, however, limits on the number of days and hours of care you can receive in any week for certain types of services.

For example, skilled nursing and home health aide services are covered either on a part-time or intermittent basis.

Medicare defines **part-time care** as:

- A maximum of 28 hours per week of skilled nursing and home health aide care combined. Here's an example of how the hours of a skilled nurse and home health aide might be combined:

10 Hours Skilled Nursing Services

+18 Hours Home Health Aide Services

28 Hours of Total Care

- The services can be provided 7 days a week as long as they are provided for less than 8 hours per day.
- The weekly maximum number of hours of care can be increased from 28 to 35 if Medicare determines that your condition requires additional care.

Medicare defines **intermittent care** as:

- A maximum of 28 hours per week of skilled nursing and home health aide care combined. The 28-hour maximum can be increased to 35 hours if Medicare determines that your condition requires additional care.
- The services can be provided for up to six days a week.
- In certain cases, skilled nursing and home health aide services can be provided for up to a combined total of 8 hours a day, 7 days a week for up to 21 consecutive days. In exceptional cases, the 21-day limit can be extended for a predictable and finite period of time. A reduced level of care can be provided after that.

The daily and hourly limits that apply to skilled

nursing and home health aide services do not apply to other home health services covered by Medicare.

For example, if you require physical, speech language, or occupational therapy, the services can be provided as often and for as long as they are medically necessary and reasonable. You also may receive the services of a home health aide while you are in therapy.

What Can I Be Billed For?

Medicare Part A usually pays for home health care. But if you only have Medicare Part B, then Part B pays. The home health agency submits claims to Medicare for payment. Medicare pays the full approved cost of all covered home health visits. You may be charged for:

- Medical services and supplies that Medicare does not cover.
- 20 percent coinsurance for Medicare-covered medical equipment such as wheelchairs.

Under Part B only, you may also be charged:

- 20 percent of the approved amount for physician services if your doctor is required to spend extra time during the month overseeing your plan of care.

The home health agency must tell you, before your care begins, how much of your bill Medicare or other Federal programs should pay.

The agency must also tell you if any items or services they provide are not covered by Medicare and how much you will have to pay for them. This must be explained orally and in writing.

If you are eligible for Medicaid it might be possible to get services in addition

to those covered by Medicare. Medicaid coverage differs from State to State, but in all States it covers basic home health care and medical equipment.

In addition, Medicaid programs everywhere cover homemaker, personal care, and other services that are not covered by Medicare.

To be eligible for Medicaid, you must have very low income and few savings or other assets. For more information about Medicaid eligibility and benefits contact your State's Medicaid agency.

Handling Coverage Disagreements

If your home health agency believes that Medicare will not cover certain services and will not pay your bill, and you think they are wrong, you may do the following:

- Ask the home health agency to get an official Medicare determination for you by filing a claim on your behalf to Medicare. Medicare will send you its official determination, called a "Notice of Medicare Claim Determination."
- If you disagree with Medicare's determination, you can appeal by following the instructions on the notice. Your State health insurance counseling program can assist you in filing an appeal. The phone number for the counseling program is listed under "General Information" in the directory beginning on page 12.

How To Find An Approved Agency

You can find a Medicare-approved agency by asking your doctor or hospital discharge planner, senior community referral service, or other community agencies involved with your health care.

You can also refer to your telephone directory Yellow Pages under "home care" or "home health care" for home health care agencies that indicate they are Medicare certified.

Remember, Medicare only pays for home health services provided by a home health agency that meets Medicare quality standards. Medicare inspects home health agencies every year to assure that they meet the standards.

You have the right to choose the home health agency from which you get services and to have your choice honored by your doctor, hospital discharge planner, or other referring agency.

If, however, you are a member of an HMO, your choice of home health agencies is limited to those agencies that are affiliated with the HMO. If you get services from a doctor or a home health care agency that is not affiliated with the HMO, neither the HMO nor Medicare will pay the bill.

Before selecting an agency, you may want to ask these questions:

- Is the agency approved for participation in the Medicare program?
- How long has the agency been serving the community?
- Does it provide the services I need?
- What arrangements are made for emergencies? Are the agency's caregivers available 24 hours a day, seven days a week?
- Will I be charged for any services or supplies?
- Would these services/supplies be covered under the home health benefit, if the home health agency included

the services on the bill to Medicare?

- What role will my family and I have in creating the plan of care?
- Does the agency educate family members on the type of care being provided?
- Who supervises the home health care plan? Does the supervisor make regular visits to the home? Whom can I call with questions or complaints?
- What happens if a care provider does not come when scheduled?
- Will the agency be in regular contact with my doctor?

Also ask home health agencies if you can contact former clients. Ask the clients if they were pleased with the care provided and whether they would use the agency again.

Detecting And Reporting Fraud

Unfortunately, fraud exists in the home health industry. Even on a small scale, it wastes Medicare dollars and reduces the funds available to pay legitimate claims. It can also endanger the quality of your care. Be alert for:

- Unnecessary visits by home health staff.
- Billing for services and equipment you never get.
- Falsification of patient's or doctor's signature.
- Pressure to accept unneeded items and services.

Report any suspected fraudulent activities to Medicare's regional home health intermediary for your State. The telephone numbers for the intermediaries are listed under "Fraud" in the directory beginning on page 12.

Be wary of home health agencies whose doctor will authorize home health services your doctor will not authorize.

It is important that the doctor who authorizes home health services knows you and is involved in assessing the care that is being provided to you.

Remember, your doctor is the best judge of whether or not you need home health care.

If a home health agency offers you free goods or services in exchange for your Medicare number, be suspicious. Treat your Medicare card like a credit card or cash. Never give your Medicare number to strangers.

Complaints About Care

In evaluating the quality of care provided by an agency, consider the following questions:

- Were you able to call a supervisor if you had a question about your service or the staff?
- Did the staff plan your home care services with you?
- Did the agency provide the services needed and promised?

If the answer is "no" to one or more of these questions and you believe that the agency is not providing quality care, you should call your State's home health hotline phone number to register a complaint (see directory beginning on page 12.) You can also get a copy of your home health agency's most recent inspection report from the State office. The report is known as a "survey report."

Information, Counseling Services

Every State, plus Puerto Rico, the Virgin Islands, and the District of Colum-

bia, has a health insurance counseling program that provides free information and assistance. The counselors will be able to answer questions about the Medicare home health benefit. The program is operated either by your State Office on Aging or by your State insurance department. The counseling program phone number is listed under "General Information" in the directory on the following pages.

IMPORTANT TELEPHONE NUMBERS

Call the number listed for your State to register quality-of-care complaints, to report possible fraud and to get answers to your questions about the Medicare home health benefit.

Complaints About Care	Fraud	General Information
	Alabama	
1 800-225-9770	(813) 796-8292 ext. 5510	1-800-243-5463
	Alaska	
(907) 563-0037	(818) 593-2006	1-800-478-6065
	Arizona	
1-800-221-9968	(818) 593-2006	1-800-432-4040
	Arkansas	
1-800-223-0340	(803) 788-5414	1-800-852-5494
	California	
See page 17	(818) 593-2006	1-800-434-0222
	Colorado	
1-800-842-8826	(515) 245-7880	1-800-544-9181
	Connecticut	
1-800-828-9769	(207)822-7000 ext. 7303	1-800-994-9422
	Delaware	
1-800-942-7373	(215) 228-7354	1-800-336-9500

Complaints About Care	Fraud	General Information
	District of Columbia	
(202) 727-7873	(215) 228-7354	(202) 676-3900
	Florida	
1-800-962-6014	(813) 796-8292 ext. 5510	1-800-963-5337
	Georgia	
1-800-326-0291	(813) 796-8292 ext. 5110	1-800-669-8387
	Hawaii	
1-800-762-5949	(818) 593-2006	(808) 586-0100
	Idaho	(Southwest)
1-800-345-1453	(818) 593-2006	1-800-247-4422 1-800-488-5725
	Illinois	
1-800-252-4343	(312) 938-6266	1-800-548-9034
	Indiana	
1-800-227-6334	(312) 938-6266	1-800-452-4800
	Iowa	
1-800-383-4920	(515) 245-7880	1-800-351-4664
	Kansas	
1-800-842-0078	(515) 245-7880	1-800-432-3535
	Kentucky	
1-800-635-6290	(803) 788-5414	1-800-372-2973

Complaints About Care	Fraud	General Information
	Louisiana	
1-800-327-3419	(803) 788-5414	1-800-259-5301
	Maine	
1-800-621-8222	(207) 822-7000 ext. 7303	1-800-750-5353
	Maryland	
1-800-492-6005 or 6002	(215) 228-7354	1-800-243-3425
	Massachusetts	
1-800-462-5540	(207) 822-7000 ext. 7303	1-800-882-2003
	Michigan	
1-800-882-6006	(414) 224-4954	1-800-803-7174
	Minnesota	
1-800-369-7994	(414) 224-4954	1-800-882-6262
	Mississippi	
1-800-227-7308	(813) 796-8292 ext. 5510	1-800-948-3090
	Missouri	
1-800-877-6485	(515) 245-7880	1-800-390-3330
	Montana	
1-800-762-4618	(515) 245-7880	1-800-332-2272
	Nebraska	
1-800-245-5832	(515) 245-7880	(402) 471-2201

Complaints About Care	Fraud	General Information
	Nevada	
1-800-225-3414	(818) 593-2006	1-800-307-4444
	New Hampshire	
1-800-447-1142	(207) 822-7000 ext. 7303	(603) 271-4642
	New Jersey	
1-800-792-9770	(414) 224-4954	1-800-792-8820
	New Mexico	
1-800-752-8649	(803) 788-5414	1-800-432-2080
	New York	
1-800-628-5972	(414) 224-4954	1-800-333-4114
	North Carolina	
1-800-624-3004	(803) 788-5414	1-800-443-9354
	North Dakota	
1-800-545-8256	(515) 245-7880	1-800-247-0560
	Ohio	
1-800-342-0553	(312) 938-6266	1-800-686-1578
	Oklahoma	
1-800-234-7258	(803) 788-5414	1-800-763-2828
	Oregon	
1-800-542-5186	(818) 593-2006	1-800-722-4134
	Pennsylvania	
1-800-222-0989	(215) 228-7354	1-800-783-7067

Complaints About Care	Fraud	General Information
	Puerto Rico	
–	(414) 224-4954	(809) 721-8590
	Rhode Island	
1-800-228-2716	(207) 822-7000 ext. 7303	1-800-322-2880
	South Carolina	
1-800-922-6735	(803) 788-5414	1-800-868-9095
	South Dakota	
1-800-592-1861	(515) 245-7880	1-800-822-8804
	Tennessee	
1-800-541-7367	(803) 788-5414	1-800-525-2816
	Texas	
1-800-228-1570	(803) 788-5414	1-800-252-3439
	Utah	
1-800-999-7339	(515) 245-7880	1-800-439-3805
	Vermont	
1-800-564-1612	(207) 822-7000 ext. 7303	(802) 828-3302
	Virginia	
1-800-955-1819	(215) 228-7354	1-800-552-3402
	Virgin Islands	
–	(414) 224-4954	(809) 774-2991

Complaints About Care	Fraud	General Information
	Washington	
1-800-633-6828	(818) 593-2006	1-800-397-4422
	West Virginia	
1-800-442-2888	(215) 228-7354	1-800-642-9004
	Wisconsin	
1-800-642-6552	(414) 224-4954	1-800-242-1060
	Wyoming	
1-800-548-1367	(515) 245-7880	1-800-856-4398

California Districts

(Call for Complaints About Care)

Berkeley	1 800 554 0352
Chico District	1 800 554 0350
Daly City	1 800 554 0353
Fresno	1 800 554 0351
Los Angeles	1 800 228 1019
Orange County	1 800 228 5234
Sacramento	1 800 554 0354
San Bernadino	1 800 344 2896
San Diego	1 800 824 0613
San Jose	1 800 554 0348
Santa Rosa	1 800 554 0349
Ventura	1 800 547 8267

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